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Maine Institute of Occupational Health Education (MIOHE): Who We Are

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WHO WE ARE

MAINE INSTITUTE FOR OCCUPATIONAL HEALTH EDUCATION

Presentation At
American Public Health Association Annual Meeting
October 31, 1995
San Diego, California

Peter C. Doran, Ph.D. and Karen Packard, M.S.

The Maine Institute for Occupational Health Education has been created to provide clinical training, consultation, and educational resources focused on the prevention, identification, and treatment of work-related injuries and illnesses.

For many years Maine has had one of the highest rates of injuries and lost work days in the country. Workers' Compensation costs were so high by 1990 that the Maine Legislature took drastic reform measures. The changes included cuts in benefits to injured workers and changes in eligibility requirements. Improved surveillance, periodic health assessment of workers at risk, strengthened government enforcement, increased worker and supervisor education and improved engineering controls are all strategies now impacting more effectively on the problem. At the same time it was clear that front-line health care professionals need continuing education to respond effectively in the diagnosis, treatment, referral, and prevention of workplace injuries and illnesses.

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transportation systems. The industry mix in Maine contributes to the high work related injury rate. Farming and agriculture, logging and wood products including paper making, and the fishing industries factor prominently in the injury data.

The 'frontline' caretakers in occupational health are the 1,300 primary care physicians plus an additional 1,000 allied health and mid-level practitioners scattered throughout the state. Most of these professional practitioners lack adequate training in the identification and treatment of occupational illness and have few sources for consultation and referral. Without a school of public health or medical residency in occupational medicine, there has not been a resource available for statewide training, education, and consultation.

In 1990 a group of concerned organizations and individuals agreed to focus on the development of an Institute for Occupational Health Education. These included the Maine Public Health Association, Maine Labor Group on Health, AFL-CIO, American Lung Association of Maine, Mid-Maine Medical Center, a local OSHA official, and a rural health center physician. A Board of Directors was formed and incorporation with the state as a non-profit organization secured. Start-up funds were sought from public and private sources. Initially space, time, and services were all contributed in-kind by board members and agencies.

In March of 1994 a grant was approved by the Maine Department of Labor for \$100,000 to support the development of the Institute over a two-year period. The grant was provided to

the Institute working cooperatively with Mid-Maine Medical Center in Waterville to establish an infrastructure for occupational health education in Maine, and to serve as a statewide clinical training, consultation, and resource center.

From the outset it was recognized that the Institute would need to reach out and network with major medical centers, schools of public health, and national research and training centers. The Harvard Educational Resource Center in the School of Public Health has played a key role in the genesis of the Institute. Several Institute board members have been visiting scholars in occupational health and safety with the Harvard Center for Occupational Health. This relationship has provided expertise and specialty resources to Maine for training, consultation and education. By developing an actual 'Institute' in central Maine it is now more possible to extend the resources of Harvard, and the University of Massachusetts to Northern New England.

While seed money was being sought from 1990 to 1993 to establish the Institute as a functional operation, needs assessment was addressed through professional organizations, the Maine Bureau of Health, and the Department of Labor. In 1991 and 1992 a survey was conducted among 1,200 physicians working through the Maine Academy of Family Physicians, the Maine Osteopathic Association, Maine Medical Association and the Maine Thoracic Society. The survey achieved a remarkable 51% return rate with no follow up. Priorities revealed for continuing education needs included musculoskeletal injuries, repetitive motion injuries, soft tissue trauma, eye injuries, psychologic

disorders, and lung diseases. The need for up-to-date consultation on toxic exposures ranked especially high. Physicians requested training on the determination of work-related illness and injury, assessment of impairment and disability, and appropriate treatment plans. They also wanted to expand their range of consultation and referral contacts and sources. The physician education and training needs were compared with Maine Department of Labor and Maine Bureau of Health statistical data reports of work-related injuries and illnesses. This process clearly pointed up the most important topics for subsequent workshops and offerings. Additional data was collected regarding the preferred formats, methods and locations for conferences and workshops. Day long, highly interactive, well focused workshops offered at central and regional facilities were preferred along with grand rounds in local hospitals on a regular basis.

The objectives for the Institute during this most important demonstration period to March of 1996 are:

- 1) To develop a series of continuing medical education programs for clinicians, to be conducted as regional conferences and grand rounds based on survey data.
- 2) To work with family practice and internal medicine residencies to incorporate more occupational health information and experience into their curriculum.
- 3) To develop collaborative programs and links with State agencies and regional resources involved in workplace health and safety.

- 4) To evaluate the feasibility of mini-residencies in occupational medicine for practicing Maine physicians.
- 5) To help expand occupational and environmental health curricula in physician and nursing education programs.
- 6) To initiate development of a reference library and computer data base system on occupational and environmental health topics.
- 7) To identify clinical research opportunities.
- 8) To help expand consultation resources in occupational health.

Before the Department of Labor grant was secured in early 1994, two members of the Board, Diana White and Lisa Miller, provided consultative assistance in the grant writing and organizational development process. The Bingham Program supported consultant time through the Maine Labor Group on Health. In addition, the Maine Labor Group on Health provided the early administrative support services. The Mid-Maine Medical Center has contributed needed space, administrative, and communications support. The Lung Association has provided space for board meetings and communications. This kind of collaborative voluntary contribution of expertise, time, space and service has made it possible to initiate the Institute.

Immediately upon notification of funding, the Institute contracted with John Bielecki MD, Medical Director for Mid-Maine Medical Center's occupational medicine service, to serve as part time Medical Director for Institute. Dr. Bielecki was also part of the original working group. The medical director oversees all

program content, develops research proposals, and acts as a liaison with physicians, medical schools, and major employers. To facilitate collaboration, office space for the new Executive Director was provided within the occupational medicine clinic. This location, within a major medical center in the geographic center of the State has played a major role in the what the Institute has been able to accomplish with limited staff.

In July of 1994, a part time (24hr/week) Executive Director, Karen Packard was hired. Her education included a Masters in Public Health and a broad range of experience in health care management and education. The Executive Director is responsible for all administrative, financial, and program functions of the Institute. The Board of Directors meets bimonthly and provides direction with policy decisions. For the first three months, the new Director worked closely with two public health consultants hired by the Board to insure a smooth orientation and transition period. An early focus was to establish a slate of speakers on pertinent occupational health topics .

Speakers were recruited from a variety of specialties in occupational health for conferences and grand round presentations. Programs focus on clinical skills and resources for the primary care provider, most often the initial contact with an injured worker in this rural state. Currently the Institute has 17 speakers with topics including back pain, upper extremity disorders, chronic pain, neurosurgical considerations, and reproductive toxicology.

The Institute has sponsored 2 major conferences, one on Back

Injuries and Workers' Compensation and one on Work Related Upper Extremity Disorders, the two primary injuries seen in the Maine work force according to the data provided by the Bureau of Labor Standards. The all day conference format, topic, and location were selected based on the results of the previously discussed 1992 Institute conducted survey of occupational health practices of primary care providers. The initial conference included an interactive format with role playing, and 9 speakers who agreed to speak without honoraria. The 70 conference participants included allopathic and osteopathic physicians, chiropractors, physicians assistants, nurse practitioners, nurses, physical therapists, occupational therapists, occupational health consultants, and government employees. This audience mix was unprecedented in medical education in Maine. The second conference in October 1995, featured workshops in upper extremity exam, upper extremity manipulation, and case study worksite evaluations using video tapes of the worksites. Fifty participants from the northern and eastern regions of the state attended. Again, the audience reflected the entire range of providers treating occupational illness and injury. Continuing education credits were obtained to cover all of the disciplines represented. Participant evaluations have been overwhelmingly positive.

In addition, 14 CME offerings at hospital Grand Rounds have been presented throughout the State. Total to date for all programs attendance 660 and participant hours 2336.

Collaboration with other agencies has included

disseminating protocols for the Maine Board of Workers' Compensation, data for the Maine Bureau of Labor Standards, and reporting requirements for Maine Bureau of Health. Although some of this information is required by law or for payment, access to the physician community for education had been poor. We have provided faculty for programs by Maine Academy of Family Physicians, Maine Bureau of Labor Standards, Maine Ambulatory Care Coalition, and the Acadia Health Coalition, as well as planning assistance for an annual Ergonomics conference sponsored by the University of Southern Maine, to the Bureau of Health for the Healthy Maine 2000 Mid-Course Review and the Mid-Maine Medical Center's Library Task Force. We have also coordinated a meeting of Family Practice residency faculty from the 5 family practice residency programs to discuss occupational medicine in the curriculum. In addition, we have provided scholarship money to the Maine Association of Occupational Health Nurses for nurses taking the Certified Occupational Health Nurse review course and certification exam.

Future projects include a third medical conference in March 1996, a train the trainer pilot project on prevention of lifting injuries for health care workers, mini-residency experiences in an occupational health setting for local physicians and residents, collaboration with a Workers' Compensation insurer to provide medical education programs, and a survey to reevaluate the education needs of providers. We are also establishing criteria for an independent process evaluation of current programs and systems by an outside consultant.